

10/695557

CLAIMS ONLY						Application Number		Filing Date		
						Applicant(s)				
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1			1				51			
2							52			
3				2			53			
4							54			
5				2			55			
6				2			56			
7				2			57			
8				2			58			
9				2			59			
10				2			60			
11				2			61			
12				2			62			
13				2			63			
14				2			64			
15				2			65			
16				2			66			
17				1			67			
18				1			68			
19							69			
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41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep			2				Total Indep			
Total Depend			28				Total Depend			
Total Claims			30				Total Claims			